

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016280

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1258

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>		c. CITY OR TOWN <b>Normandy</b> 4171	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Osteopathic</b>		d. STREET ADDRESS (If outside, give location) <b>7621 Augusta</b>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Robert</b> Last <b>Fearnley</b>		4. DATE OF DEATH Month <b>5</b> Day <b>5</b> Year <b>59</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 13, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coffee Importer</b>		11. BIRTHPLACE (City and state or country) <b>Cincinnati Ohio</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Coffee Brokerage</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Josephus Fearnley</b>		13b. MOTHER'S MAIDEN NAME <b>Emma (Unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>Rose Fearnley Charlton</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>493-36-2432A</b>		17. INFORMANT <b>Rose Fearnley 7621 Augusta, Normandy 21, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sepsis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute Regional Dileitis</b> DUE TO (c) <b>Non-specific infection</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <b>Cardiac decompensation 5720</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b> <b>48 hrs.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis</b> COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>5-3-59</b> to <b>5-4-59</b> and last saw him alive on <b>5-4-59</b> Death occurred at <b>7:44 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. Ellison</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>16401 W. Florissant</b>	
22c. DATE SIGNED <b>5-5-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>May 8, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Pullen Kelly</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-59</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *James A. Lammers* .....

Licensed Embalmer No. *4142* .....

P. O. Address *St Louis* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.